

RETURN TO: Department of Military and Veterans Affairs
MITAG-RET
3423 N. Martin Luther King Jr. Boulevard
Lansing, MI 48906-2934

**STATE OF MICHIGAN
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
MILITARY AFFAIRS RETIREMENT SYSTEM
NOMINATION OF BENEFICIARY**

This form is to nominate a beneficiary (spouse) to receive retirement benefits upon death of retiree. If this form is not completed benefits may be denied to the surviving beneficiary. It is the retiree's responsibility to notify the Department of any changes in the nomination of beneficiary. Act 280, P.A. State of Michigan 1980, precludes payment of retirement benefits of 500 dollars per year to other than the spouse. At the time of a retiree's or a surviving beneficiary's death the Department requires that any beneficiary forward a death certificate. NOTE: If there is no spouse, the retiree may designate anyone as beneficiary of LAST retirement check only.

OPTION I To be completed by retiree.

I _____ hereby nominate as my beneficiary
(Name of Retiree)

_____, _____
(Relationship to Beneficiary) (Full Name of Beneficiary)

No. Street City State Zip Code

_____ whose date of birth is _____
(Area Code) Telephone No. Beneficiary's Date of Birth

Whose Social Security Number is _____.

Signature of Beneficiary (Date) Signature of Retiree (Date)

OPTION II To be completed by beneficiary upon death of retiree.

I _____ hereby nominate as my beneficiary
(Surviving Beneficiary)

(Beneficiary Name) No. Street

City State Zip Code (Area Code) Telephone No.

whose Social Security Number is _____ whose date of

birth is _____ to receive my final pension check due me at time of death, if any.
Beneficiary's Date of Birth

Signature of Surviving Beneficiary (Date)

NOTE: You Must Name a Beneficiary